

NOTICE OF ACTION

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone : _____
Address : _____

(ADDRESSEE)

Questions? Ask your Worker.

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of this page tells how. Your benefits may not be changed if you ask for a hearing before this action takes place.

As of _____, the County is changing your cash aid from \$ _____ to \$ _____. Cash aid will stop for _____, the family's second parent, unless this person goes to the interview we have scheduled or calls us by _____, and gives us a good reason for not doing what the County asks or agrees to a plan to do what the County asks.

HERE'S WHY:

_____ has a problem with their participation in Welfare to Work. To discuss this problem, we have scheduled an interview with this person on:

_____ at _____ o'clock at _____.

Here's the problem:

- ☐ not signing the Welfare to Work plan.
- ☐ not participating or making good progress in the assigned activity: _____.
- ☐ not accepting a job.
- ☐ quitting a job.
- ☐ reducing their earnings.
- ☐ _____ is no longer exempt from participating and is not participating in Welfare to Work.
- ☐ _____ did not have a good reason for not doing what the County asks and already got another notice(s) telling him/her what he/she did not do; _____, the family's second parent, is not participating in Welfare to Work.

Medi-Cal: This Notice of Action does NOT change or stop Medi-Cal benefits. **Keep your plastic Benefits Identification Card(s).**

Rules: These rules apply; you may review them at your welfare office: CalWORKs Implementation Guidelines, Section XI, Welf. & Inst. Code 11327.4, 11327.5

Monthly Cash Aid Amount

Section A. Countable Income, Month of _____

Total Business Income \$ _____
Business Expenses:
 a. 40% Standard - _____
 OR
 b. Actual - _____
Net Earnings from Self-Employment = _____

Total Disability-Based Unearned Income of
(Assistance Unit + Non-Assistance Unit Members) \$ _____
\$225 Disregard - _____
Nonexempt Unearned Disability-Based Income = _____
 OR
Unused Amount of \$225 Disregard = _____

Total Earned Income \$ _____
Net Earnings from Self-Employment (from above) + _____
Subtotal = _____
Unused Amount of \$225 Disregard (from above) - _____
Subtotal = _____
Earned Income Disregard 50% - _____
Subtotal = _____
Nonexempt Unearned Disability-Based Income
(from above) + _____
Other Nonexempt Income of (Assistance Unit + Non-
Assistance Unit Members) + _____
..... + _____

Net Countable Income = _____

Section B. Your Cash Aid, Month of _____

1. Maximum Aid _____ Persons
(Assistance Unit + Non-Assistance Unit Members) .. \$ _____
2. Special Needs (Assistance Unit only) + _____
3. Net Countable Income from Section A - _____
4. Subtotal = _____
5. Maximum Aid _____ Persons (Assistance Unit only)
(Excluding Sanctioned Persons) \$ _____
6. Special Needs (Assistance Unit only) + _____
7. Maximum Aid Subtotal = _____
8. **Full Month Aid Subtotal**
(Lowest Amount on Line 4 or 7 = _____
9. Line 8 Prorated for Part of Month = _____
10. Adjustments: 25% Child Support Sanction - _____
 Overpayment - _____
 Other Sanctions - _____
 Bonus + _____
11. **Monthly Cash Aid Amount**
(Line 8 or 9 Adjusted) = _____

NOTICE OF ACTION

(Continued)

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STATE OF CALIFORNIA
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Notice Date _____
Case _____
Name _____
Number _____

WHAT HAPPENS AT THE INTERVIEW?

At the interview, you may give your reasons for not doing what the County asks. If you have a good reason, your cash aid will stay the same. Some good reasons for not participating are: you are the victim of domestic violence, you do not have child care, or you do not have transportation. For other good reasons, see your Welfare to Work Handbook.

You may also call your Welfare to Work worker, instead of going to the interview, to give us a good reason for not doing what the County asks, or to agree to a plan too what the County asks. Contact _____ at _____ - _____.

If you cannot keep this interview, you may call your Welfare to Work worker to schedule another interview by _____. You may reschedule this interview only once.

If it is decided that _____ did not have a good reason for not doing what the County asks, we will make a plan for this person to do what the County asks. _____ will be expected to agree to the plan or cash aid will stop for this person.

If your cash aid stops, we will need a payee for your family's aid. We can send it to someone you trust. Give the name and address of that person to:

County Worker: _____

Street, City, Zip: _____

Phone () _____

We will not pay _____'s child care, transportation, or work or training related expenses while this person is off cash aid.

If this person does not take care of the participation problem by _____ and your cash aid is lowered, your cash aid may go up again if you are eligible for it and:

☐ if _____ cooperates.

☐ after _____ if _____ cooperates.

The family's second parent, _____, may get cash aid again if he/she is eligible for it and:

☐ cooperates

☐ after _____ if he/she cooperates.

CHILD CARE AND TRANSPORTATION ARE AVAILABLE IF NEEDED TO HELP KEEP THIS APPOINTMENT.

If help is needed with transportation or child care to keep this appointment, call your Welfare to Work worker.

This person can get free help with this appointment from:

Legal Aid Office: _____

Welfare Rights Office: _____

CCWRO: _____

Your new cash aid amount is figured on this notice.